

JAN 25 1940
Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 203

1. PLACE OF DEATH:

(a) County St. Francois St Fr.
(b) City or town Neos Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME John Gustus Sarius

8. (b) If veteran, name war _____ 8. (c) Social Security No. 702-07-1143

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha E. Sarius 6. (c) Age of husband or wife if alive Age Un. years

7. Birth date of deceased Aug. 6 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Brighton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Agent

11. Industry or business 6

12. Name John G. Sarius 7

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fontaine

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 12-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Cem. Chaffee, Mo.

18. (a) Signature of funeral director Weidert Undertaking Co.

(b) Address Farmington, Mo. 699

19. (a) Dec 11-40 (b) T. S. P. ...
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1940 hour 85 minute 05 A.M.

21. I hereby certify that I attended the deceased from 12-4, 1940, to 12-10, 1940
that I last saw him alive on 12-10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Severe psychosis (terminal delirium)

Due to Wid. Hypertensive heart disease

Due to marked General Arteriosclerosis
Paroxysmal Syndrome

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Geo. Tivis Graves, Jr. (M. D. or other) M. D.
Address Farmington, Mo. Date signed _____

Duration 1 1/2 yrs?
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No.

working under my personal supervision.

Fun. Brublinghoff Ch
Signed C. J. Flayed

Licensed Embalmer No. 0527

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.